

Abstract 486

TITLE: A Circle of Care: Beyond HIV Counseling and Testing

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ISSUE: Many HIV counseling and testing programs do not link seropositive and seronegative individuals with comprehensive health services after HIV testing. Disenfranchised populations may lack resources and be unable to advocate for themselves to obtain primary and specialty health care.

PROJECT: East Boston Neighborhood Health Center implements HIV counseling and testing in four programs: (1) A confidential program for existing health center clients; (2) an anonymous test site serving inner city residents in the health center catchment area; (3) a mobile unit serving 7 sites including district courts, methadone maintenance clinics, and residential and outpatient substance abuse treatment programs; (4) a health screening clinic for new immigrants. A wide range of health and social service referrals are offered at the time of counseling and testing by an ACRN and senior HIV counselors. The program is directed by the ACRN.

OUTCOMES: Between October 1, 1997, and September 31, 1998, 1,051 persons were counseled, and 504 elected to test in all four programs. Nineteen (3.8%) tested HIV positive, and all were referred to comprehensive HIV services. An additional 102 referrals were made for 48 seronegative individuals. Referrals for both groups were made to the following services: 40% to specialty medical care (i.e., gynecology, ophthalmology), 27% to primary care, 20% to mental health services, 6% to health insurance enrollment, 5% to dental services, and 2% to substance abuse treatment.

LESSONS LEARNED: Presentation of individuals for HIV counseling and testing is a unique opportunity for the nurse to "seize the moment" and connect these individuals to holistic care. A referral system must extend beyond mere information provision to include nursing case management and advocacy. This approach includes creatively negotiating with bureaucratic systems and accompanying clients to appointments. Personalized referrals ensure that newly seropositive individuals are immediately engaged in comprehensive HIV specialty care. Referrals to primary care and mental health services for individuals at risk may help maintain their HIV negative status as well as promote early detection and intervention in the future.

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